

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | | FILING DATE | | | | |
|--|----------|------|------------------------------------|------|------------------------------------|------|--------------|----------|-------------|------------------------------------|------|------------------------------------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | | 1 | | 1 | | | | | | | | | |
| 4 | | 3 | | 1 | | | | | | | | | |
| 5 | | 8 | | | | | | | | | | | |
| 6 | | 1 | 1 | | | | | | | | | | |
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| 9 | | 1 | | 1 | | | | | | | | | |
| 10 | | 1 | | 1 | | | | | | | | | |
| 11 | | 1 | | 1 | | | | | | | | | |
| 12 | | 1 | | 1 | | | | | | | | | |
| 13 | 1 | | 1 | | | | | | | | | | |
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| TOTAL IND. | | ↓ | 3 | ↓ | | ↓ | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | 15 | ← | | ← | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | 18 | | | | TOTAL CLAIMS | | | | | | |